

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7713	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Michael Kinsora P.O. Box, Bldg., Room No., if any Street 1389 Broad Street City Clifton State New Jersey ZIP Code + 4 07013	4. Name, file number, and address of labor organization. Name UFCW Local 1262 Labor Organization File Number 051-552 P.O. Box, Building and Room Number, if any Street 1389 Broad Street City Clifton State New Jersey ZIP Code + 4 07013
5. Position in labor organization. Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u><i>Michael Kinsora</i></u>	On <u><i>8/3/05</i></u> <u>973 777 3700</u> Date Telephone Number

Name of Person Filing Michael Kinsora	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name SEIX Investment Advisors Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 10 Mountainview Road, Suite C-200 City Upper Saddle River State New Jersey ZIP Code + 4 07458	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input checked="" type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name UFCW Local 1262 Employer Benefits Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1389 Broad Street City Clifton State New Jersey ZIP Code + 4 07013	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Investment Advisors </div> 11.b. Approximate dollar value of such dealing. \$26,000 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Meal 4-16-04 </div> 12.b. Amount. \$15
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name UFCW Local 1262 Employer Benefit Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1389 Broad Street City Clifton State New Jersey ZIP Code + 4 07013	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Attended an Educational Conference during April 2004 in Arizona to assist in fulfilling my fiduciary responsibility as a Trustee by being updated concerning developments relating to Trustee operations. Expenses included airfare, hotels, meals and fees </div>
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13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$2,872
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Name of Person Filing Michael Kinsora

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name UFCW Local 1262 Employer Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1389 Broad Street

City Clifton

State New Jersey

ZIP Code + 4 07013

14.a. Nature of payment.

Business Meals at Trustee and Other Business
Related Meetings
See Attached Spreadsheet13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$373

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name UFCW Local 1262 Employer Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1389 Broad Street

City Clifton

State New Jersey

ZIP Code + 4 07013

14.a. Nature of payment.

Meetings Parking expenses
See attached Spreadsheet13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$278

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name UFCW Local 1262 Employer Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1389 Broad Street

City Clifton

State New Jersey

ZIP Code + 4 07013

14.a. Nature of payment.

Meal
6-9-0413.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$14

Name of Person Filing Michael Kinsora

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Davis, Cowell & Bowe, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1701 K Street N.W. Suite 210

City Washington

State District of Columbia ZIP Code + 4 20006

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Davis, Cowell & Bowe are Legal Counsel for UFCW Local 1262

11.b. Approximate dollar value of such dealing.

\$84,000

12.a. Nature of interest held or income received.

Meal 4-6-04

12.b. Amount.

\$46

Name of Person Filing Michael Kinsora

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Evergreen Investments

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 200 Barkeley Street

City Boston

State Massachusetts

ZIP Code + 4 02116

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Local 1262 Employers Benefit Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1389 Broad Street

City Clifton

State New Jersey

ZIP Code + 4 07013

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

11.a. Nature of such dealing.

Client Golf Outing

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Golf Outing

9-27-04

12.b. Amount.

\$95

Name of Person Filing Michael Kinsora

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mackay Shields, LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9 West 57 Street 33rd Floor

City New York

State New York ZIP Code + 4 10019

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Local 1262 Employer Benefits Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1389 Broad Street

City Clifton

State New Jersey ZIP Code + 4 07013

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☒ c. Employer

11.a. Nature of such dealing.

Hedge Fund Investment Seminar

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meal 9-9-04

12.b. Amount.

\$50

Name of Person Filing Michael Kinsora	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Capital Solutions</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 San Clemente Drive, Suite B210</p> <p>City Corte Madera</p> <p>State California ZIP Code + 4 94925</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>				
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name UFCW Local 1262 Employer Benefits Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1389 Broad Street</p> <p>City Clifton</p> <p>State New Jersey ZIP Code + 4 07013</p>	<p>11.a. Nature of such dealing.</p> <p>Hedge Fund Seminar</p>				
	<table border="1"> <tr> <td>11.b. Approximate dollar value of such dealing.</td> <td>\$0</td> </tr> </table>	11.b. Approximate dollar value of such dealing.	\$0		
11.b. Approximate dollar value of such dealing.	\$0				
	<table border="1"> <tr> <td>12.a. Nature of interest held or income received.</td> <td></td> </tr> <tr> <td>Meal 7-20-04</td> <td></td> </tr> </table>	12.a. Nature of interest held or income received.		Meal 7-20-04	
12.a. Nature of interest held or income received.					
Meal 7-20-04					
	<table border="1"> <tr> <td>12.b. Amount.</td> <td>\$100</td> </tr> </table>	12.b. Amount.	\$100		
12.b. Amount.	\$100				

Michael Kinsora - Attachmnet for LM-30 Part "C" 14.a.
Meals

Business Meals at Trustee and Other Business Related Meetings	
9/30/2004	8.83
2/11/2004	25.85
8/5/2004	27.70
11/16/2004	35.39
10/8/2004	37.20
1/5/2004	39.86
2/12/2004	41.91
4/19/2004	41.91
3/15/2004	47.78
5/19/2004	66.35
Total	372.78

Michael Kinsora - Attachment for LM-30 Part "C" 14.a.
Tolls and Parking Expense

AMERICAN EXPRESS - Tolls and Parking Expense				
3/18/2004	20.00			
4/5/2004	40.00			
6/22/2004	38.00			
7/13/2004	42.00			
7/15/2004	42.00			
7/20/2004	28.00			
7/20/2004	31.00			
11/29/2004	37.00			
Total	278.00			